

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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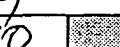
TOTAL IND.

5



TOTAL DEP.

0

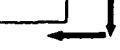


TOTAL CLAIMS

10

TOTAL IND.

0



TOTAL DEP.

0



TOTAL CLAIMS

0

